

APPLICATION FOR ALTERNATIVE LICENSE TYPE C

PART I TO BE COMPLETED BY APPLICANT

Initial Issuance of Alternative Type C

Renewal of Alternative Type C

If you have previously held a Tennessee Teacher License/Certificate, state: Type

Reference Number

Last Name	First Name	Middle/Maiden		
Social Security Number	Telephone Number	Date of Birth	* Sex	* Race
Street/P.O. Box	City	State	Zip Code	

Name/Address Change

Optional *Statistical information only

(provide a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change.)

Answer the following question if you have NEVER held any type of Tennessee Teacher License or Tennessee Teacher Permit.

Are you addicted to the use of intoxicants or narcotics, have you ever been convicted of a felony (including a conviction plea of nolo contendere), or have you ever falsified or altered documentation required for licensure? YES NO

All information enclosed with this packet is correct. I understand that the penalty for falsifying information to obtain a license is denial of that license.

Signature

Date

Answer the following questions if you have EVER held a Tennessee Teacher License or Tennessee Teacher Permit.

Since your license was last issued or renewed have you been convicted of a felony (including a plea of nolo contendere), used narcotics or intoxicants improperly, been convicted of possessing narcotics, falsified documentation required for licensure, or altered your license or certificate? YES NO

All information enclosed with this packet is correct. I understand that the penalty for falsifying information to obtain a license is revocation of that license.

Signature

Date

OFFICIAL TRANSCRIPTS FROM THE FOLLOWING INSTITUTIONS ARE ATTACHED (must include pre-service credit)

PART II TO BE COMPLETED BY THE SUPERINTENDENT OF SCHOOLS

The applicant will be employed during school year to , and will be given the support of one or more mentor teachers during this year.

Pre-K

Elementary

Secondary

If secondary, give the subject area

School System	School
Signature of Superintendent	Date

PART III TO BE COMPLETED BY THE DEAN OF EDUCATION

LICENSURE IS REQUESTED IN THE FOLLOWING AREA(S) OF ENDORSEMENT

Endorsement	Endorsement Code	Initial	Add-on	Date of Completion
		(must select one)		

This applicant has completed the pre-service portion of the approved Alternative Licensure Program.

Date of Completion

College or University	Signature of Dean	Date
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Mail completed Applications to:

TENNESSEE DEPARTMENT OF EDUCATION

Office of Teacher Licensing
5th Floor Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0377
(615) 532-4885